

Resource Intensive Comprehensive Case Management

NC Results First Program Evaluation

Through the North Carolina Results First Initiative, the Department of Health and Human Services' Adult Mental Health Section (AMH) and the Office of State Budget and Management (OSBM) reviewed high-quality research evidence to determine the effectiveness of the Resource Intensive Comprehensive Case Management (RICCM) program.

Research evidence shows that RICCM, currently implemented as a pilot in North Carolina, is effective at reducing the frequency of emergency department visits and hospitalization

AMH and OSBM also used benefit-cost analysis tools to estimate the program's return on investment.

Benefit-Cost Analysis

On average, the expected program benefits of \$11,819 per person exceed the per person cost of \$4,203 resulting in a net benefit of \$7,616 per person, a return of \$2.81 for every dollar invested in the program.

Accounting for variation in key estimates, there is a 49 percent chance that the benefits will exceed the costs RICCM is used as an intervention for adults with serious mental illness.

The analysis found on average, RICCM costs \$4,203 per participant. RICCM is a six-month program that serves between 300- 350 individuals per year. To account for the participation range, program costs were calculated based on a midpoint estimate of 325 individuals per year.

Program Description

RICCM is a pilot case management program that assists individuals not currently connected to services access a wide variety of community resources with the goal of decreasing emergency department utilization for non-emergent behavioral health crises.

Monetized Benefits

Emergency department (ED) visits and hospitalization are the two monetized benefits for RICCM. The model estimates the impact of participation in RICCM in terms of the avoided health care costs attributable to the reduced likelihood of ED visits or admissions and hospital admissions.

Of the total benefits per person, \$3,791 accounted for benefits stemming from decreased admissions, while \$8,026 accounted for cost avoidance related to a reduction in ED visits.

Table 1: Benefit-Cost Summary (2020 Dollars)

Benefits per participant	\$ 11,819	\$ 2.81 per dollar invested Benefit to cost ratio
<i>Hospitalization</i>	\$3,791	
<i>ED Visits</i>	\$8,026	
Costs per participant	\$ (4,203)	
Benefits less costs	= \$ 7,616	49% Likelihood benefits will exceed costs

On average, for every individual who participates in RICCM, we can expect a benefit of \$11,819 related to a reduction in hospitalizations and ED visits. Taxpayers can expect a total of \$5,338 in benefits while participant are expected to receive \$546 in benefits.

A total of \$5,934 in other benefits are expected over the course of a participant's lifetime, which may include reductions in crime victimization, the economic benefits from a more educated workforce, and benefits from employer-paid health insurance.

Table 2: Benefits by Perspective

Taxpayer	\$5,338
Federal	\$4,666
ED Visits	\$1,130
Hospitalizations	\$3,535
State	\$672
ED Visits	\$251
Hospitalizations	\$421
Participants	\$546
ED Visits	\$375
Hospitalizations	\$171
Other ^[1]	\$5,934
Total	11,819

Recommendations & Next Steps

Fund One Additional RICCM Team

AMH plans to release a new Request for Application (RFA) to fund one additional RICCM team, expanding the proven, cost-effective program. The provider that is selected through the request for application process will work with the existing team to replicate the process and data collection to ensure program fidelity. Community needs and ED utilization will dictate where the additional RICCM team will be placed in the state.

Monitor North Carolina Specific Program Outcomes

Once the additional RICCM team is operational, AMH will continue to track individual ED utilization, hospitalizations, and outpatient services engagement. Tracking these three outcomes will allow AMH to collect state-specific data and determine whether participants are achieving the expected program outcomes based on the research literature.

1. Benefits may include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance.